

Texas Department of State Health Services

ImmTrac2 & HB 2171 *ImmTrac Replacement Project & Legislative Update*

**Texas Immunization Stakeholder Working Group Meeting
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Outline

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ImmTrac Overview

ImmTrac, the Texas immunization registry, is an important component of Texas' strategy to improve vaccine coverage rates.

- Repository of immunization histories for all Texans
- Consolidates immunization records from multiple sources statewide
- Confidential and secure system
- Only authorized entities are allowed access to confidential data

Immunization Information Systems

- Immunization information systems (IISs) are confidential, computerized information systems that collect and consolidate vaccination data from multiple health-care providers, generate reminder and recall notifications, and assess vaccination coverage within a defined geographic area.

ImmTrac Overview

- Established in 1995 and is an opt-in registry
- 135 million immunizations recorded
- 7 million Texas children in the registry
- 2.3 million under age 6 years
- 92.8% parents consent for their newborn babies
- Over 400,000 ImmTrac adults in the registry
- Approximately 11,000 active users

ImmTrac Program Responsibilities

- Provide customer support
- Register/renew providers for ImmTrac application
- Conduct data processing and quality assurance
- Maintain application/file transport security
- Support and develop HL7 messaging capabilities with providers
- Provide guidance to regional and local health department, providers, and the general public

Electronic Vaccine Inventory Overview

- Established in 2010
- EVI allows Texas Vaccines for Children (TVFC) providers to record current inventory and place vaccine orders
- Provider submits order through EVI
- DSHS transmits EVI orders to CDC
- Doses administered are recorded in aggregate

ImmTrac2 – The Combination of Two Existing Systems



ImmTrac2 Update

- Largely federally funded project with some GR funding
- Estimated project expenditures for the complete system 2013-2017 are \$7.3M
- Wisconsin Immunization Registry (WIR)-based system
- Phase one rollout – Registry functionality in May 2016
- Phase two rollout – Inventory functionality in March 2017

ImmTrac2 Benefits for Providers

- This new system will:
 - Provide more detailed immunization history and forecasting, making it easier to determine vaccine duplication and maintaining an immunization schedule
 - Enhance user functionality by allowing providers to reset their own password
 - Allow ad-hoc report capability and simplify report development

Anticipated Outcomes and Benefits

- Savings on system costs and maintenance
- Single registration process to access registry and inventory functionality with single log in
- Compliance with the Immunization Registry Functional Standard recommendations and guidelines of American Immunization Registry Association (AIRA) and Centers for Disease Control & Prevention (CDC)

Anticipated Outcomes and Benefits

- Compliance with the HL7 standards for data exchange adopted by the CDC to enable secure immunization data transfer with Electronic Health Records (EHR) systems
- Alignment with Texas' Health Information Technology (HIT) plans for statewide health information exchange
- Completeness and consolidation of data, allowing for more comprehensive preventive healthcare

Anticipated Outcomes and Benefits

- Dose-level accountability, enhanced reminder/recall functionality, and client connection with a medical/school home
- Vaccine accounting tools that allow providers to be more accountable for publicly purchased vaccines and improve state oversight of these publicly purchased vaccines and funds

Anticipated Outcomes and Benefits

- Enhanced on-demand reports for all users
- Provision of reliable immunization data during times of disaster, which is critical to compliance with Texas statute during disasters

Project Accomplishments

- September 2013:
 - Project Startup
- February 2014 – Present:
 - Data gathering, design, system testing, data migration, contract and budget amendments

Project Challenges and Delays

- Original plan did not account fully for complexity of the system
- Original schedule from HP was aggressive
- Resource constraints in management, subject matter expertise, and technical resources
- HP underestimated effort to modify WIR system
- Significant gaps in product delivered from HP

Remaining Timeline (Registry)

- Present – February 2016:
 - System Testing (internal and external users)
- March - May 2016
 - Training Users
- May 23, 2016
 - Registry Go-Live Date

Remaining Timeline (Vaccine Inventory)

- Present – November 2016:
 - Vaccine Inventory Development and System Testing
- January - February 2017:
 - Training Users
- March 3, 2017
 - Vaccine Inventory Go-Live Date

ImmTrac2 Summary

- ImmTrac2 will:
 - Allow for existing functionality of ImmTrac to be enhanced to honor stakeholder feedback and provide improved functionality for system users
 - Meet CDC requirements
 - Uphold Modeling of Immunization Registry Operations Workgroup (MIROW) best practices

2015 Legislative Update

- Effective September 1, 2015, House Bill 2171 extends the timeframe for inclusion in the ImmTrac registry from 18 to 26 years of age for individuals consented as a minor
- Requires two notification attempts at age 18 and 25 years of age informing individuals to submit an adult consent form by their 26th birthday

HB 2171 Impacts to DSHS' ImmTrac Program

- Report modifications to ImmTrac and ImmTrac2
- Online web application updates
- Brochure and website revisions
- A communication plan to inform ImmTrac users, providers, DSHS Regional Staff, local health departments, outreach specialists, and clients of the new changes
- Notification attempt strategies

HB 2171 Impacts – DSHS Central Office Roles & Responsibilities

- The DSHS Central Office will be responsible for making all of the required changes due to the impacts from HB 2171 along with fulfilling the notification requirements.
- The DSHS Central Office will:
 - mail postcards to the 18 and 25 year olds
 - update, print, and distribute revised brochures
 - develop new promotional and marketing materials
 - modify the www.immtrac.com website
 - develop a communication plan

HB 2171 Impacts – DSHS Regional Offices Activities

- The DSHS Regional Offices will be encouraged to supplement notification strategies performed by DSHS Central Office including:
 - notifying providers, ImmTrac users, IPOS, and the general public of ImmTrac changes via verbal and/or written communication.
 - conducting outreach via telephone, email, regular mail and/or general outreach efforts

HB 2171 Summary

- Extending the timeframe for individuals already in ImmTrac may be useful since immunization records are required for enrolling in college, participating in certain training programs, joining the military, and working in health care.
- Keeping records longer will allow them to obtain of their immunization records at any time

HB 2171 Summary – Future Plans

- DSHS is planning more cost effective and efficient methods to serve as notification attempts
- Plans underway to implement an autodialer, a preprogrammed messaging service, to be used to call the 18 and 25 year olds to inform them of the requirement to submit an adult consent form prior to their 26th birthday

Upcoming ImmTrac Plans for the Next Year

- Texas Immunization Conference
 - Austin, Texas, November 18-19th, 2015: Two electronic systems breakout sessions featuring ImmTrac2 and immunization registry discussion
 - DSHS perspective
 - Vendor representation
 - CDC registry representative
- Marketing study and marketing campaign
- ImmTrac2 registry completion, training and launch
- ImmTrac2 inventory design and development

Looking Forward

- Continue working on technological efficiencies
 - Collaboration, platform integration, interoperability
- Continue working with electronic reporters and EHR vendors
- Continue working with regional staff and local health departments
- Continue development and roll out of ImmTrac2, the new IIS projected for completion in 2017

Questions?

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